

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	B.M.		06-14-01
<b>FORMALITY REVIEW</b>	S.P.	1125	8/9/01
<b>RESPONSE FORMALITY REVIEW</b>			

BEST AVAILABLE COPY

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Final Original	Date
1	✓ ✓ ✓	
2	✓ ✓ ✓	
3	✓ ✓ ✓	
4	✓ ✓ ✓	
5	0 0	
6	✓ ✓	
7	✓ ✓	
8	✓ ✓	
9	✓ ✓	
10	0 0	
11	✓ ✓	
12	✓ ✓	
13	✓ ✓	
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15	+ +	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here